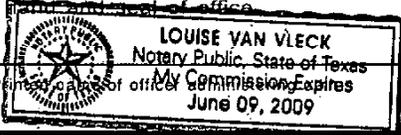


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 26		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received:		
	NICKNAME	LAST	SUFFIX	Date Hand-drawn or Date Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	25	03	THROUGH	11	26 / 03
6 EXPLANATION OF CORRECTION						
See attached.						
7 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
Check ONLY if applicable:						
<input checked="" type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
AFFIX NOTARY STAMP / SEAL ABOVE			Signature of Candidate or Officeholder			
Sworn to and subscribed before me by <u>William H. White</u> this the <u>15</u> day of <u>December</u>						
20 <u>05</u> to certify which, witness my <u>hand and seal of office</u>						
Signature of officer administering oath				Title of officer administering oath		

Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

EXPLANATION OF CORRECTION FOR 2003 RUNOFF REPORT

We are supplementing Schedule A and Schedule F to provide full names and addresses for six contributors and three payees. Each of these contributions and expenditures were reported on the original report. However, as a result of a computer database error, full names or addresses were inadvertently omitted for each of them in the original report.

We are also supplementing Schedule F to provide additional information regarding political expenditures that were incurred by individuals who purchased goods or services with their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on such expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. Where our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to reimbursement, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

In some circumstances, individuals received reimbursement during this reporting period for expenses they incurred in a prior reporting period. We are contemporaneously filing corrections affidavits for the reports applicable to these prior reporting periods supplementing Schedule F of each report to provide the additional information discussed above regarding expenses the individual incurred during the prior reporting period, but for which the campaign did not reimburse the individual until this reporting period.

Similarly, in some circumstances, individuals incurred expenses during this reporting period but did not receive reimbursement from the campaign for those expenses until the reporting period covered by the January 15, 2004 report (November 27, 2003 through December 31, 2003). In those instances, we are supplementing Schedule F of this report to provide the additional information described above regarding the expenses the individual incurred for the benefit of the campaign during this reporting period, but for which the individual did not obtain reimbursement until the reporting period covered by the January 15, 2004 report.

The reimbursements that the campaign provided to individuals for expenses incurred during this reporting period for the benefit of the campaign include reimbursements totaling \$1282.26 for expenses as to which the total amount paid by or for the benefit of the campaign to the payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$0 to \$1282.26.

Based on the foregoing, Total Expenditures for this reporting period decrease from \$2,541,950.45 to \$2,534,457.01.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ Frank	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77081			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Weekley	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77024			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil Massey	Amount of contribution (\$) \$425.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77023			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Lenz	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77007			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce and Jan Smith	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77041			
Principal occupation / Job title (See instructions)		Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/14/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidui Sabin	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/14/03	5 Payee name Walgreens	7 Amount (\$) \$31.69
6 Payee address; City; State; Zip Code 1919 W. Gray Houston, TX 77019		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse C. Patrick McIlvain for office supplies.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/03/03	Payee name Walgreens	Amount (\$) \$11.90
Payee address; City; State; Zip Code 1919 W. Gray Houston, TX 77019		
Purpose of payment (See instructions regarding type of information required.) Reimburse C. Patrick McIlvain for office supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/16/03	Payee name Walgreens	Amount (\$) \$20.99
Payee address; City; State; Zip Code 1919 W. Gray Houston, TX 77019		
Purpose of payment (See instructions regarding type of information required.) Reimburse C. Patrick McIlvain for office supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/17/03	Payee name Walgreens	Amount (\$) \$24.01
Payee address; City; State; Zip Code 1919 W. Gray Houston, TX 77019		
Purpose of payment (See instructions regarding type of information required.) Reimburse C. Patrick McIlvain for office supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/25/03	5 Payee name Intercontinental Hotel <hr/> Payee address; City; State; Zip Code 2222 W. Loop, S. Houston, TX 77027	7 Amount (\$) \$3,494.64
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Darcy Mackey for event costs – food, beverages, etc.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/18/03	Payee name Sam's Club <hr/> Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	Amount (\$) \$286.04
Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for drinks and paper.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/11/03	Payee name Blue-Cross/Blue-Shield <hr/> Payee address; City; State; Zip Code 901 S. Central Expressway Richardson, TX 75080	Amount (\$) \$322.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/14/03	Payee name Domino's Pizza <hr/> Payee address; City; State; Zip Code 7356 Antoine Houston, TX 77088	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Louise Van Vleck for food for staff.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/12/03	5 Payee name Baker Hughes <hr/> 6 Payee address; City; State; Zip Code P.O. Box 4740 Houston, TX 77010	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Louis Van Vleck for health insurance.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/18/03	Payee name United Healthcare <hr/> Payee address; City; State; Zip Code 1333 W. Loop, S. Houston, TX 77027	Amount (\$) \$301.10
Purpose of payment (See instructions regarding type of information required.) Reimburse Christine Gorman for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/11/03	Payee name Blue-Cross/Blue-Shield <hr/> Payee address; City; State; Zip Code 901 S. Central Expressway Richardson, TX 75080	Amount (\$) \$161.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/12/03	Payee name Sprint PCS <hr/> Payee address; City; State; Zip Code P.O. Box 219554 Kansas City, MO 64121	Amount (\$) \$246.34
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/21/03	5 Payee name Maria Soledad	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code 7319 Raton Houston, TX 77055		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Romelia Garza for entertainment.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/07/03	Payee name AT&T Wireless	Amount (\$) \$2,000.00
Payee address; City; State; Zip Code P.O. Box 8212 Aurora, IL 60572		
Purpose of payment (See instructions regarding type of information required.) Reimburse Michael Moore for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/07/03	Payee name United Healthcare	Amount (\$) \$200.00
Payee address; City; State; Zip Code P.O. Box 41738 Philadelphia, PA 19101		
Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelle Zook for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/18/03	Payee name Sam's Club	Amount (\$) \$146.50
Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for drinks for volunteers.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/12/03	5 Payee name Mockingbird Bistro	7 Amount (\$) \$108.39
6 Payee address; City; State; Zip Code 185 Welch Street Houston, TX 77019		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Jane Ely for food for lunch meeting.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/14/03	Payee name Greg's Catering Company	Amount (\$) \$300.00
Payee address; City; State; Zip Code 17549 Imperial Valley Drive Houston, TX 77060		
Purpose of payment (See instructions regarding type of information required.) Reimburse Greg Baldwin for event food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/06/03	Payee name Doubletree Hotel	Amount (\$) \$13,000.00
Payee address; City; State; Zip Code 2001 Post Oak Blvd. Houston, TX 77056		
Purpose of payment (See instructions regarding type of information required.) Reimburse Elena Marks for Election Night event cost.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/03/03	Payee name Diamond Shamrock	Amount (\$) \$8.79
Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/30/03	5 Payee name Diamond Shamrock	7 Amount (\$) \$20.00
6 Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/01/03	Payee name Diamond Shamrock	Amount (\$) \$14.01
Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/30/03	Payee name Diamond Shamrock	Amount (\$) \$4.62
Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/25/03	Payee name Diamond Shamrock	Amount (\$) \$4.00
Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/01/03	5 Payee name Diamond Shamrock ----- 6 Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081	7 Amount (\$) \$20.06
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/06/03	Payee name Homestead Village ----- Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	Amount (\$) \$317.93
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/27/03	Payee name Homestead Village ----- Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	Amount (\$) \$375.43
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/29/03	Payee name Papa John's Pizza ----- Payee address; City; State; Zip Code 7939 Katy Freeway Houston, TX 77024	Amount (\$) \$193.22
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/11/03	5 Payee name Randall's	7 Amount (\$) \$186.36
6 Payee address; City; State; Zip Code 5161 San Felipe Houston, TX 77056		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/30/03	Payee name Sam's Club	Amount (\$) \$15.68
Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/03/03	Payee name Sam's Club	Amount (\$) \$441.88
Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/01/03	Payee name Sam's Club	Amount (\$) \$17.23
Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right;">22</div>
2 FILER NAME <div style="text-align: center;">William H. White</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="text-align: center;">10/30/03</div>	5 Payee name <div style="text-align: center;">Sam's Club</div>	7 Amount (\$) <div style="text-align: center;">\$15.68</div>
6 Payee address; City; State; Zip Code <div style="text-align: center;">5310 South Rice Avenue Houston, TX 77081</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Reimburse Christian Archer for field supplies.</div>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date <div style="text-align: center;">11/11/03</div>	Payee name <div style="text-align: center;">Sam's Club</div>	Amount (\$) <div style="text-align: center;">\$189.55</div>
Payee address; City; State; Zip Code <div style="text-align: center;">5310 South Rice Avenue Houston, TX 77081</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Reimburse Christian Archer for field supplies.</div>		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date <div style="text-align: center;">10/30/03</div>	Payee name <div style="text-align: center;">Shell</div>	Amount (\$) <div style="text-align: center;">\$20.00</div>
Payee address; City; State; Zip Code <div style="text-align: center;">8602 Memorial Drive Houston, TX 77024</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Reimburse Christian Archer for field expense - gas.</div>		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date <div style="text-align: center;">10/25/03</div>	Payee name <div style="text-align: center;">Shell</div>	Amount (\$) <div style="text-align: center;">\$20.00</div>
Payee address; City; State; Zip Code <div style="text-align: center;">8602 Memorial Drive Houston, TX 77024</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Reimburse Christian Archer for field expense - gas.</div>		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/11/03	5 Payee name Shell	7 Amount (\$) \$20.00
6 Payee address; City, State, Zip Code 8602 Memorial Drive Houston, TX 77024		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/11/03	Payee name Shell	Amount (\$) \$23.23
Payee address; City, State, Zip Code 8602 Memorial Drive Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/23/03	Payee name James Coney Island	Amount (\$) \$276.70
Payee address; City, State, Zip Code 718 N. Loop, E. Houston, TX 77009		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/22/03	Payee name CiCi's Pizza	Amount (\$) \$70.02
Payee address; City, State, Zip Code 814 76th Street Houston, TX 77012		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/08/03

5 Payee name

Kinko's

7 Amount

(\$)

\$40.92

6 Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/21/03

Payee name

Kinko's

Amount

(\$)

\$13.62

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/25/03

Payee name

Kinko's

Amount

(\$)

\$49.25

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/20/03

Payee name

Kinko's

Amount

(\$)

\$54.00

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/22/03	5 Payee name Kinko's	6 Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	7 Amount (\$) \$106.19
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for copies.			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/24/03	Payee name Radio Shack	Payee address; City; State; Zip Code 1461 Wirt Road Houston, TX 77055	Amount (\$) \$43.87
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/24/03	Payee name Radio Shack	Payee address; City; State; Zip Code 1461 Wirt Road Houston, TX 77055	Amount (\$) \$25.07
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/22/03	Payee name Sam's Club	Payee address; City; State; Zip Code 12300 Southwest Freeway Stafford, TX 77477	Amount (\$) \$61.31
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/15/03

5 Payee name

Shell

7 Amount

(\$)

\$14.19

6 Payee address; City; State; Zip Code8602 Memorial Drive
Houston, TX 77024**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/14/03

Payee name

Shell

Amount

(\$)

\$6.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/06/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/14/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
22

2 FILER NAME
William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/03	5 Payee name Shell	7 Amount (\$) \$20.00
	6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
--	--

Date 10/26/03	Payee name Shell	Amount (\$) \$20.00
	Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/15/03	Payee name Shell	Amount (\$) \$1.29
	Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/15/03	Payee name Shell	Amount (\$) \$11.29
	Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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POLITICAL EXPENDITURES		SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/03	5 Payee name Shell	7 Amount (\$) \$10.00	
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/21/03	Payee name Shell	Amount (\$) \$34.82	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/19/03	Payee name Shell	Amount (\$) \$20.01	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/20/03	Payee name Shell	Amount (\$) \$70.84	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
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POLITICAL EXPENDITURES	SCHEDULE F
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 22
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2 FILER NAME William H. White	3 ACCOUNT # (Ethics Commission filers)
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4 Date 11/19/03	5 Payee name Shell	7 Amount (\$) \$19.00
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
--	--

Date 11/23/03	Payee name Shell	Amount (\$) \$10.03
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/26/03	Payee name Shell	Amount (\$) \$5.00
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/23/03	Payee name Shell	Amount (\$) \$10.00
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/23/03	5 Payee name Shell	7 Amount (\$) \$1.25	
6 Payee address; City, State; Zip Code 8602 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/19/03	Payee name Shell	Amount (\$) \$11.19	
Payee address; City, State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/26/03	Payee name Shell	Amount (\$) \$34.82	
Payee address; City, State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/26/03	Payee name Shell	Amount (\$) \$70.84	
Payee address; City, State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
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POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **22**

2 FILER NAME **William H. White** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/26/03	5 Payee name Shell	7 Amount (\$) \$15.61
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/15/03	Payee name Wal-Mart	Amount (\$) \$179.37
Payee address; City; State; Zip Code 2727 Dunvale Houston, TX 77063		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/06/03	Payee name Homestead Village	Amount (\$) \$317.93
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - lodging.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 11/26/03	Payee name Robin Broussard	Amount (\$) \$800.00
Payee address; City; State; Zip Code 2715 Hadsamore Hollow Lane Houston, TX 77014		

Purpose of payment (See instructions regarding type of information required.) Food for meeting.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/30/03	5 Payee name Loretta Lane ----- 6 Payee address; City; State; Zip Code P.O. Box 1539 Kingwood, TX 77347	7 Amount (\$) \$132.00
8 Purpose of payment (See instructions regarding type of information required.) Payroll.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/26/03	Payee name University of Houston ----- Payee address; City; State; Zip Code Dept. of Campus Recreation, 4500 University Drive Houston, TX 77204	Amount (\$) \$60.00
Purpose of payment (See instructions regarding type of information required.) Room rental expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/07/03	Payee name Avalon Stationery & Gifts ----- Payee address; City; State; Zip Code 2604 Westheimer Houston, TX 77098	Amount (\$) \$985.62
Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea White for campaign stationery.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/24/03	Payee name Avalon Stationery & Gifts ----- Payee address; City; State; Zip Code 2604 Westheimer Houston, TX 77098	Amount (\$) \$985.62
Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea White for campaign stationery.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/10/03	5 Payee name Baker Hughes	7 Amount (\$) \$200.00	
6 Payee address; City; State; Zip Code P.O. Box 4740 Houston, TX 77010			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Louis Van Vleck for health insurance.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/03/03	Payee name Verizon Wireless	Amount (\$) \$71.05	
Payee address; City; State; Zip Code P.O. Box 11328 St. Petersburg, FL 33733			
Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Chavez for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/19/03	Payee name Sprint PCS	Amount (\$) \$121.73	
Payee address; City; State; Zip Code 2001 Edmund Halley Drive Reston, VA 20191			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/07/03	Payee name Cingular Wireless	Amount (\$) \$505.19	
Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265			
Purpose of payment (See instructions regarding type of information required.) Reimburse Herb Mitchell for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **22**

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/07/03

5 Payee name

United Healthcare

7 Amount (\$)

\$200.00

6 Payee address; City; State; Zip Code

P.O. Box 59048
Minneapolis, MN 55459

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for health insurance.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

10/25/03

Payee name

Domino's Pizza

Amount (\$)

\$242.38

Payee address; City; State; Zip Code

1421 Wirt Road
Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Reimburse Mustafa Tameez for food for staff.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/23/03

Payee name

Texas Art Supply

Amount (\$)

\$24.96

Payee address; City; State; Zip Code

2237 S. Voss
Houston, TX 77057

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/21/03

Payee name

Texas Art Supply

Amount (\$)

\$38.97

Payee address; City; State; Zip Code

2001 Montrose Blvd.
Houston, TX 77006

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/24/03

5 Payee name

Balloon & Novelty Wholesalers

7 Amount

(\$)

\$94.88

6 Payee address; City; State; Zip Code

2307 West Alabama Street
Houston, TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

11/23/03

Payee name

Shell

Amount
(\$)

\$20.04

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Amanda Chavez for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name Office sought Office held

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